VT Health Care Innovation Project
Steering Committee Meeting Minutes

Pending Committee Approval

Date of meeting: Wednesday, April 1, 2015; 1:00-3:00 pm, Vermont League of Cities and Towns, 89 Main Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Al Gobeille called the meeting to order at 1:01 pm. A roll call attendance was taken and a quorum was present.	
2. Core Team Update ***Public Comment***	Georgia Maheras presented the update on behalf of Lawrence Miller, who was unable to attend. • Georgia and Lawrence are currently working on a risk assessment process and mitigation plan since we are mid-way through the VHCIP. • Two bills are currently in the Senate that will require quarterly updates to the legislature on the VHCIP. • Recently the House Health Care committee heard testimony on the data repository procurement currently underway as part of the Designated Agency (DA)/Specialized Service Agency (SSA) data quality project. The information presented at that testimony remains confidential until the contract is executed. No public comments were offered.	
3. Minutes Approval	Ed Paquin moved to approve the minutes from the February 25th Steering meeting. Dale Hackett seconded. A vote in the form of an exception was taken and the motion passed with three abstentions.	
4. HIE Work Group Update	Simone Rueschemeyer presented an update on the following projects: • Event Notification System Project: Vermont Information Technology Leaders (VITL) is in contract negotiations for this work. Work should begin mid-April, ending in August with reporting in September. • Accountable Care Organization (ACO) Gateway Project: Of seven total Gateways, one is complete and two are in progress. • Gap Remediation: immunization and other interfaces are going live.	

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	Regarding pilot sites for the Event Notification System Project: • Pilot practices will need procedures in place to deal with events when they receive notifications. • We need to understand what burdens and benefits a practice. • VITL will work with the pilot sites to address some success criteria. Currently, notifications do not include personal health information (PHI); this will require a second step. VITL is looking at this and trying to address alert fatigue as well.	
Public comment	No public comments were offered.	
5. Work Group Policy Recommendation	Alicia Cooper presented on behalf of the Payment Models Work Group the Proposed Changes to the Year 2 Vermont Medicaid Shared Savings Program (VMSSP) Gate and Ladder Methodology (Attachments 2a,b,c). • The first year Gate and Ladder settings for Medicaid were developed based on estimates of performance for the full Vermont Medicaid population. • There is now data available specific to the populations attributed to the ACOs to support raising the Gate in Year 2 (from 35% of total available quality points to ~55% of total available quality points). • Patients are attributed to ACOs based on their relationship with a Primary Care Provider. • Risk adjustments account for socio-economic factors. • Improved performance verses good performance: how should this be measured, and how does the Gate and Ladder methodology reward improvement versus high performance? Did leadership consider comparing Vermont's Medicaid ACOs' improvement to a regional performance where national benchmarks were unavailable? This conversation occurred early in the planning process; leadership did not consider comparison to regional performance where national benchmarks were unavailable. • Some stakeholders, including federal partners, felt the 35% Gate – which was less than the national average – was too low. The methodology linking performance to shared savings eligibility is evolving over time in response to this feedback. • Under the proposed methodology, ACOs are eligible to receive quality points for performance relative to national benchmarks and for improvement relative to their own past performance – these are additional opportunities for the ACOs to be rewarded for both improvement *and* attainment. • Payment measures selected were areas that presented opportunity for performance improvement within the State. • Improvement points are available for ACOs that demonstrate statistically significant improvement compared to their past performance on those measures that have an external (national) benchmark. • Where do savings come from? For VMSSP, a projected cost trend for a specific set of services is calculated based on a consistent methodology which is compared to actual fee-for-service spending for that specified set of services. The difference between projected trend and actual spending is the savings.	

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Public comment	ACOs are eligible for up to 50% of those savings based on performance on quality metrics. o Calculations of Year 1 actual spending for the ACOs participating in VMSSP are not yet complete. Paul Harrington moved to approve the recommendation of the Payment Models work group as presented at this meeting. Peter Cobb seconded. The group discussed the following: • Improvement is measured individually for each ACO based on their historic performance. The populations should be similar enough from Year 1 to Year 2 for each ACO to be compared to their past performance. The Year 1 Medicaid Savings numbers should be finalized in July 2015. • The Shared Savings model is a temporary model that we would want to learn from but it is not sustainable, nor is it the end goal of reform efforts. The Medicare Shared Savings Program offered two tracks, one that includes shared risk for providers and one with shared savings only. The same track was offered for VMSSP ACOs and each participating ACO took the track with no risk. • Vermont's Commercial Shared Savings Program includes only Blue Cross Blue Shield of Vermont insurance purchased on the Health Care Exchange. • The only Medicaid payment measure that has been added for Year 2 which does not have a national benchmark is Core 12. The new Gate and Ladder methodology will apply to all the measures, not just the newly added measures. A vote in the form of exception was taken. Allan Ramsay opposed the vote and the motion passed. Paul Harrington thanked Alicia Cooper and Kara Suter for their work on this project. Sue Aranoff agreed and noted that this methodology represents the best possible compromise considering the starting place. No further comments were offered.	
6. Population Health Work Group Update: Population Health Plan	Tracey Dolan presented an update to the Population Health Plan on behalf of the Population Health work group (Attachments 3a,b). Tracy noted the work group is looking into the following concepts: Accountable Communities for Health (ACHs), and Totally Accountable Care Organizations (TACOs) which could include a wider array of services (for example, physical and mental health service supports) than ACOs do currently. • The Prevention Institute is currently being contracted to research different ACHs and best practices statewide and nationally.	

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	• Future funds may be used to expand upon the findings from the Prevention Institute, such as exploring the integrator function. • The communities that were selected for Prevention Institute site visits (occurred in March) or phone interviews responded to a web-based survey designed to explore whether communities had some elements of an Accountable Health Community. Whether or not this work might lead to a pilot or other additional project is unclear at this time; currently, the Prevention Institute contract is focused on researching, describing, and performing analysis based on national exemplar communities and work currently underway in Vermont. Any future activities will coordinate with other VHCIP projects. • Race is a factor that should be considered when performing this work, such as looking at health disparities related to race. • Housing and transportation are categorized under social circumstances in Attachment 3a.	
Public comment	No further comments were offered.	
7. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Wednesday, April 29, 2015 1:00 pm – 3:00 pm, DVHA Large Conference Rm, 312 Hurricane Lane, Williston.	